DEPARTMENT OF PUBLIC REALTH AND WELLTARE 318 Proper Registration District No. 1896 STATE FILE MINISTER AMENDIO ON TOWN ST. DESIGNATION PROPERTY No. 1997 STATE ST					•		LTH - STAND					63	-008	399
No.	DO NOT WRITE				Registrati	on District No	118 mg	pary Registration Distr	ict No. 100	J	. No. 181	6	STATE FILE NU	JMBER
December	ON THIS STUB		HUED		1. PLAC	HED N	IAR 1 4 1963	,		2. USUAL RES				
ADDRESS SOT Bellevine Ave Vest No.		띯								l.	Mo. b.	St.	. Loui	
ADDRESS SOT Bellevine Ave Vest No.	Kev. 4/ 37			1	C	D `		SHIP only) Len	•	c. CITY OR TOWN	W3	. 4		1
ADDRESS 2107 Bellevue Ave. ve No ADDRESS ADDRESS Selection ADDRESS Selection Selec	1	₹ -			c. FU	LL NAME OF (If		tion)		d. STREET			location)	
STANLEY STANLEY SURETTA Pob. 17, 1963.	480 42	אליין פוער			- IN	SPITAL OR	· · · -		Yes 🖳 No 🗆	ADDRESS	_			
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Male White White Widowed Discreted 4/28/190 4 58 Magha Day Hours Min.	4 4	-			(.,,,,,	Or printy	STANLEY	J	BUI		DEATH			
TO USUAL OCCUPATION (Give kind of work done and the continue) 10. HINDOOR BUSINESS OR INDUSTRY IN BIRTHACK (Give and state or country) 12. CHTERE OF WHAT COUNTRY Custodian 13. A COUNTRY Custodian 13. A COUNTRY Custodian 13. A COUNTRY Custodian 14. NAME OF RUSSAND OR WIFE 13. AND THE STANDER NAME 14. NAME OF RUSSAND OR WIFE 15. AND EXCRAGE DEVER IN U.S. ABMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT MATTER BUTCHER Address 15. WAS DECREASE DEVER IN U.S. ADMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT MATTER BUTCHER Address 15. CAUSE OF THE COUNTRY COUNT					5. SEX	Male		Widowed 🔣	Divorced 🗌	4/28/]	1904	58 Mg		
13. FATHER'S NAME 13. MAME 14. MAME		S			10a. USU/ durin	L OCCUPATION	(Give kind of work done g:life, even if retired)	1		I		' I		WHAT COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED PORCESS 10. WAS DECEASED EVER IN U.S. ARMED PORCESS 110. WAS DECEASED EVER IN U.S. ARMED PORCESS 110. WAS DECEASED EVER IN U.S. ARMED PORCESS 110. WAS DECEASED WITH CONTROL (If yee, give wer of dates of the No. of the	7	<u> [5</u>	1 1		13a. FATH	ER'S NAME	tatii							
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NO COUNTY NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, p.m., factory, street, office bidgs, etc.) NO COUNTY STATE NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NO COUNTY STATE NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NO COUNTY STATE NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NO COUNTY STATE NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK Day, Place of Injury (e.g., in or about home, farm, factory, street, offi	8	SA			15. WAS	DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIA						
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The special color of the state	11	AD O		Soco	0 x	10 10		Carre	1 Inda	finn	Strong	- /2 /	1:00	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseased was female we there a pregnancy in least 90 days there as pregnancy in least 90 days there are pregnancy in least 90 days the least 90 days there are pregnancy in least 90 days the least 90 days there are pregnancy in least 90 days the least 90 days the least 90 days the least 90 days there are pregnancy in least 90 days the least 90 d	<u> 67</u>	THIS R			مرم م	h above o	eve rise to couse (a), the under-	Ad	1/-5;	re /	bands			
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No. Write at work 1 21 I attended the deceased from 1956, to 1963 and last saw him alive on 2/17/63 21 I attended the deceased from mon the date stated above, and to the best of my knowledge, from the causes stated. 226. DAJE SIGNATURE 226. SIGNATURE 227. SIGNATURE 228. BURIAL, CREMATION, 123b. DATE PROVIDENCE OF THE COLOR OF CREMATORY PROVIDENCE OF THE COLOR OF CREMATORY 238. BURIAL, CREMATION, 123b. DATE PROVIDENCE OF CREMATORY PROVIDENCE OF CREMATORY PROVIDENCE OF CREMATORY 236. NAME OF CEMETERY OR CREMATORY St. Louis, Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGULAR'S GNATURE	. Z	AMEN			20c. 1	IME OF Hou	Month, Day, Year		<u> </u>					
236. BURIAL CREMATION, BUILD Feb. 20, 1963 Mt. Olive Cemetery St. Louis, Mo. 24. FUNERAL DIRECTOR ADDRESS 23c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. 26. REGUPRAR'S SGNATION. M. D.					20d.	NJURY OCCURRE	ED 20e. PLACE farm, f	OF INJURY (e.g., in factory, street, office	or about home, : bldg., etc.)	20f. CITY, TOWN	, OR LOCATION	c	OUNTY	STATE
236. BURIAL CREMATION, BUILD Feb. 20, 1963 Mt. Olive Cemetery St. Louis, Mo. 24. FUNERAL DIRECTOR ADDRESS 23c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. 26. REGUPRAR'S SGNATION. M. D.	를 X 및	2	11				19	156	10 /	763	and last saw E:-	alive on 2	//7/	63
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235. BURIAL, CREMATION, BRITIAL Specify) Feb. 20, 1963 Mt. Olive Cemetery St. Louis, Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE CO. 1963 ADDRESS 26. REGISTRAR'S GNATICE.	USE YPEW	Houli			l			gree or title)	MD.	22b. ADDRESS	6 Sul	ton		22c. DATE SIGNED
	i i	- -	H	-IDAVI	236. BURI	AL, CREMATION, WAL (Specify)	23b. DATE Feb. 20, 196	1	CEMETERY OR CRE	matory netery				(State)
		ITEM N		BY AFF	24. FUN	RAL DIRECTOR	ADI	DRESS				DF 1	with	. M.D.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	Signed & obert M. Murray
•	Licensed Embalmer Not 37490
•	P. O. Address It Louis ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.